

THE RYAN WHITE HIV/AIDS PROGRAM




PROGRAM FACT SHEETS: JANUARY 2013

PART D: SERVICES FOR WOMEN, INFANTS, CHILDREN, YOUTH AND THEIR FAMILIES

Ryan White HIV/AIDS Program Part D grantees provide outpatient or ambulatory family-centered primary medical care (directly or through contracts or memoranda of understanding) for women, infants, children, and youth with HIV/AIDS. Part D funds (1) family-centered primary and specialty medical care and (2) support services.

ELIGIBILITY

The following organizations may apply for funding:

-  Public or private nonprofit entities that provide (directly or through contracts or memoranda of understanding) primary medical care for HIV-positive women, infants, children, and youth.
-  State and local governments and their agencies, as well as Indian Tribes or tribal organizations with or without Federal recognition.
-  Faith-based and community-based organizations.

GRANTEES

Grantees are organizations seeking to enhance their response to the HIV/AIDS epidemic in their area through the provision of family-centered primary medical care and support services to women, infants, children, and youth with HIV/AIDS when payments for such services are unavailable from other sources. Grantees must educate clients about research opportunities and inform all clients about the benefits of participation in research studies and how to enroll in them.





SERVICES and IMPLEMENTATION

The Part D Program divides the allowable costs among four Part D Cost Categories: medical service costs, clinical quality management costs, support service costs, and administrative costs.

Medical Service Costs are those associated with providing family-centered care, including access to primary medical care

and support services for HIV-infected women, infants, children, and youth. Service-related costs may include the following:

THE RYAN WHITE HIV/AIDS PROGRAM WORKS WITH CITIES, STATES, AND LOCAL COMMUNITY-BASED ORGANIZATIONS TO PROVIDE SERVICES TO AN ESTIMATED 529,000 PEOPLE EACH YEAR WHO DO NOT HAVE SUFFICIENT HEALTH-CARE COVERAGE OR FINANCIAL RESOURCES TO COPE WITH HIV DISEASE. THE MAJORITY OF RYAN WHITE HIV/AIDS PROGRAM FUNDS SUPPORT PRIMARY MEDICAL CARE AND ESSENTIAL SUPPORT SERVICES. A SMALLER BUT EQUALLY CRITICAL PORTION IS USED TO FUND TECHNICAL ASSISTANCE, CLINICAL TRAINING, AND RESEARCH ON INNOVATIVE MODELS OF CARE. THE RYAN WHITE HIV/AIDS PROGRAM, FIRST AUTHORIZED IN 1990, IS CURRENTLY FUNDED AT \$2.35 BILLION.

-  Salaried personnel, contracted personnel, or visit fees associated with the provision of primary medical care, specialty and subspecialty care, referrals for health and support services, and adherence monitoring and education services. Types of providers typically included under service related are OB/GYN physicians, midlevel providers, nurses, pharmacists, dentists, dental hygienists, radiologists, lab technicians, dermatologists, medical assistants, intake receptionists, nutritionists, behavioral health/substance abuse service professionals, referral coordinators, and specialists/subspecialists.
-  Lab, x-ray, and other diagnostic tests.
-  Pharmaceutical assistance for HIV-related medications, and vaccines.
-  Oral health-care services.

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Health Resources and Services Administration, HIV/AIDS Bureau
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Medical Service Costs (cont'd)

- ❖ Mental health services.
- ❖ Substance abuse outpatient care.
- ❖ Medical nutrition therapy.
- ❖ Transportation for clinical care providers to provide care.

Clinical Quality Management (CQM) Costs are those costs required to maintain a (CQM) program. Examples include:

- ❖ Continuous quality improvement activities.
- ❖ CQM coordination.
- ❖ Data collection for CQM purposes.
- ❖ Consumer involvement to improve services.
- ❖ Staff training and technical assistance (including travel and registration) to improve services (includes the Annual Clinical Update and All-Grantee Meeting).
- ❖ Participation in the Statewide Coordinated Statement of Need process, local planning bodies, and other meetings.
- ❖ Electronic Medical Records: Data analysis for CQM, and software and hardware upgrades to facilitate CQM activities.

Support Service Costs are those costs for services that are needed for individuals with HIV/AIDS to achieve their HIV medical outcomes. Examples include:

- ❖ Case management (medical, nonmedical, and family centered).
- ❖ Patient transportation to medical appointments.
- ❖ Translation services, including interpretation services for deaf persons.
- ❖ Services to assist women to access and remain in HIV medical care such as child care.
- ❖ Patient education and education materials.

- ❖ Outreach to recruit and retain in care women, infants, children, and youth with HIV.
- ❖ Financial assessment/eligibility counselors.
- ❖ Staff who assist clients with linkage, engagement, and retention in HIV care.

Administrative Costs are those costs not directly associated with service provision. Examples are as follows:

- ❖ Routine grant administration and monitoring, including receipt and disbursement of program funds; administrative staff (executive and clerical); accounting and billing; routine programmatic and financial reporting; and compliance with grant conditions and audit requirements.
- ❖ Contracts for services awarded as part of the grant, such as development of requests for proposals, review of proposals, and monitoring of contracts through onsite visits.
- ❖ Costs that could qualify as indirect or direct costs but are charged as direct costs, such as rent, occupancy, utilities, computer hardware and software (unrelated to CQM), telecommunications, and postage.
- ❖ Liability insurance.
- ❖ Office supplies.
- ❖ Audits.
- ❖ Payroll and accounting services.
- ❖ Electronic Medical Records (maintenance, licensure, annual updates, and data entry).

Program evaluation, including data collection for evaluation.

FUNDING CONSIDERATIONS

By law, no more than 10 percent of a Federal Part D budget can be allocated to administrative costs. Approximately \$77.3 million was appropriated in FY 2012.